

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26676**
Registrar's No. **6468**

FILED SEP 17 1941

Registration District No. **791**

Primary Registration District No. **1003**

FILED SEP 17 1941

1. **FILED SEP 17 1941**
(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3221 a South Seventh**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days) **1**

3. (a) PRINT FULL NAME..... **Martha Maddux**

3. (b) If veteran, name war..... 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife..... **Charles Maddux** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. **February 19 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 17 hr. min.

9. Birthplace..... **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Nelson Miller**
13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Sims**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Jessie Rohrbacher**
(b) Address..... **3221 a So. 7th, St. Louis, Mo.**
Removal (b) Date thereof **Aug. 8, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Breckenridge, Missouri**
18. (a) Signature of funeral director..... **Witt Bros. L. & H. Co.**
(b) Address..... **2929 So. Jefferson, St. Louis, Mo.**

19. (a) **AUG -7 1941** (b) **J. H. Fredrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3221 a South Seventh**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6th**
year **1941** hour **8** minute **40** A. M.

21. I hereby certify that I attended the deceased from **Aug 5th**
1941, to **Aug 6th** 1941
that I last saw him alive on **Aug 5th** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... **degenerative Myocarditis** Duration **2 yr**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? **road**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature..... **J. H. Fredrick** (M. D. or other)
Address **439. Bate** Date signed **8/7/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Paul A. Shanklin

....., Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Call Leebster 2929
With Under 40 days